

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico Energy, Minerals and Natural Resources

Form C-103

Revised March 25, 1999

OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505

WELL API NO. 30-015-31985
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-6381
7. Lease Name or Unit Agreement Name:  CCAP STATE COM
8. Well No. 3
9. Pool name or Wildcat CARLSBAD SOUTH MORROW

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

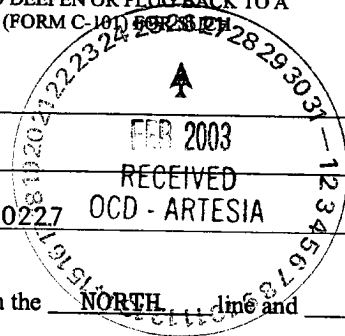
1. Type of Well:  
Oil Well  Gas Well  Other

2. Name of Operator  
MARBOB ENERGY CORPORATION /

3. Address of Operator  
PO BOX 227, ARTESIA, NM 88211-0227

4. Well Location  
Unit Letter G : 1792 feet from the NORTH line and 1586 feet from the EAST line  
Section 16 Township 22S Range 27E NMPM County EDDY

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3093' GL



11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: TD, CMT CSG <input checked="" type="checkbox"/>	

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

TD WELL @ 6:45 PM ON 2/22/03, DRLD 6 1/8" HOLE TO 12000', RAN 283 JTS (12003.70') 4 1/2" 11.6# P110 (MAV95) CSG TO 12003', CMTD W/ 370 SX PREMIUM CMT W/ 2% ZONE SEAL, PLUG DOWN @ 12:15 PM ON 2/24/03, DID NOT CIRC. TOC @ 8400' F/S: WOC 18 HRS, TESTED CSG TO 1500# FOR 30 MIN - HELD OK.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
SIGNATURE [Signature] TITLE PRODUCTION ANALYST DATE 2/25/03

Type or print name DIANA J. CANNON Telephone No. (505) 748-3303

APPROVED BY [Signature] **ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR** TITLE \_\_\_\_\_ DATE MAR 03 2003

Conditions of approval, if any: \_\_\_\_\_